

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title ::

REGULATION OF AMYLOID PRECURSOR  
PROTEIN EXPRESSION BY MODIFICATION  
OF ABC TRANSPORTER EXPRESSION OR  
ACTIVITY

Attorney Docket Number::

100103.402

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

1

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: B  
Family Name:: Reiner  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 305 – 1750 West Second Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6J 1H6

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Bruce  
Middle Name:: P  
Family Name:: Connop  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 316 – 2678 West Broadway



City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6K 2G3

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Michelle  
Middle Name::  
Family Name:: Pollard  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 301 – 225 West 10th Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V5Y 1R9

### Correspondence Information

Correspondence Customer Number :: 00500

### Representative Information

Representative Customer Number::		00500
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/267,975	02/09/01
This Application	Non-Provisional of	60/309,256	07/31/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Active Pass Pharmaceuticals, Inc.
Street of mailing address::	520 West Sixth Avenue Suite 400
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4H5

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